



# MINNESOTA STATE HIGH SCHOOL LEAGUE

## Male Wrestling Weight Permit

### NOTE TO SCHOOL OFFICIALS

Each student participating in wrestling must have a current completed physical form and must submit the annual Wrestling Weight Permit properly signed by the skinfold technician, a physician and the student's parent before engaging in any interschool wrestling match. **Skin measurements and weight must be done at the same time.** This permit must be kept on file in the school office and available on request.

**This weight permit form cannot be changed by modification or by a second examination. There are no exceptions to this rule.**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Years in Wrestling: \_\_\_\_\_

The MSHSL requires that the minimum wrestling weight be established based on body fat. Following is the required protocol.

#### Skinfold measurement sites (Thickness in mm)

Tricep \_\_\_\_\_  
Infrascapular (below medial lower angle of scapula) \_\_\_\_\_  
Abdominal (to right of umbilicus) \_\_\_\_\_  
Sum Skin Folds (SSF) [ ]

Weight (on date of examination) \_\_\_\_\_

#### Equations

$$\text{Body Density (BD)} = \{1.0973 - (\text{SSF} \times .000815)\} + \{(\text{SSF})^2 \times .00000084\}$$
$$\text{BD} = \{1.0973 - (\text{_____} \times .000815)\} + \{(\text{_____})^2 \times .00000084\} = \text{_____}$$

$$\% \text{ Body Fat (\% BF)} = \{(4.57 / \text{BD}) - 4.142\} \times 100$$
$$\% \text{ BF} = \{(4.57 / \text{_____}) - 4.142\} \times 100 = \text{_____}$$

$$\text{Weight at 7\% BF} = \{[1 - (\% \text{ BF} / 100)] \times \text{Weight}\} / .93$$
$$\text{Weight at 7\% BF} = \{[1 - (\text{_____} / 100)] \times \text{Weight}\} / .93 = \text{_____}$$

Standard error allowance = 3%

Minimum Wrestling Weight = Weight at 7% BF x .97

**Minimum Wrestling Weight** = \_\_\_\_\_ x .97 = [ ]

**Any wrestler who is determined to be below 7% body fat at the time of certification will be required to verify proper hydration. The wrestler will submit a urine sample to the skinfold technician who is certifying the wrestler's weight. The technician will determine the hydration of the wrestler via refractometer or dip stick analysis. The specific gravity of the urine must be less than 1.025.**

**Specific Gravity:** \_\_\_\_\_

Signature of Skinfold Technician \_\_\_\_\_

Skinfold Measurement Date \_\_\_\_\_

**Note to Physician and Parent**

The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes – weight reduction which might jeopardize the physical, scholastic, and psychological well-being of the student. During the wrestling season the student-athlete should eat and drink normally while in training and participating in wrestling activities.

**Physician’s Recommendation**

As the attending physician, I have personally examined this student and certify that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

107 114 121 127 133 139 145 152 160 172 189 215 285

Signature of Physician: \_\_\_\_\_ Date Examined: \_\_\_\_\_

**Parent's Recommendation**

As a parent, I am responsible for the health and welfare of my child. I have read the recommendation of the examining physician and I request that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

107 114 121 127 133 139 145 152 160 172 189 215 285

**The higher of the two weight class designations recommended by the Parent or the Physician shall be the minimum weight class for competition.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**For Interstate competition with 14 weight classes**

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As the attending physician, I have personally examined this student and certify that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

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**The higher of the two weight class designations recommended by the Parent or the Physician shall be the minimum weight class for competition.**

Signature of Parent: \_\_\_\_\_ Date Examined: \_\_\_\_\_